

State of Wisconsin
-vs-

**Verification of Time Served
§973.195**

_____, Defendant
Name

Date of Birth

Case No. _____
Count No. _____

1. The total length of the inmate's original sentence on this count is _____ years, _____ months, _____ days.
2. The initial term of confinement on this count is _____ years, _____ months, _____ days.
3. The initial term of extended supervision on this count is _____ years, _____ months, _____ days.
4. The subsequent term of confinement on this count, if any, is _____ years, _____ months, _____ days.
5. The initial term of confinement has been adjusted due to disciplinary dispositions (bad time) to increase the initial term of confinement on this count by _____ years, _____ months, _____ days. The initial term of extended supervision has been adjusted to decrease the initial term of extended supervision by the same amount. *(This adjusted period of confinement must be added to the initial term of confinement for purposes of making the percentage calculation.)*
6. The subsequent term of confinement has been adjusted due to disciplinary dispositions (bad time) to increase the subsequent term of confinement on this count by _____ years, _____ months, _____ days. The subsequent term of extended supervision has been adjusted to decrease the subsequent term of extended supervision by the same amount. *(This adjusted period of confinement must be added to the subsequent term of confinement for purposes of making the percentage calculation.)*
7. The inmate has served on this count a total of _____ years, _____ months, _____ days in confinement.
8. The inmate does does not have another sentence(s). (Attached are copies of judgment(s) of conviction of any other sentences(s).)
9. This information is accurate as of the date of signing.

Subscribed and sworn to before me

on _____

Notary Public, State of Wisconsin

My commission expires: _____

Signature of Department of Corrections Representative

Name Typed or Printed

Date

Distribution:

1. Court – Original